

JANUARY 15, 2008MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISIONJoseph Gunz

DEC 17 2007

CLERK, U.S. DISTRICT COURT

(Enter above the full name
of the plaintiff or plaintiffs in
this action)07 CV 50240
Judge Reinhard

vs.

Case No:

(To be supplied by the Clerk of this Court)

DIXON CorrectionalCenter.Dr. matt Finn.Dr. Michael Fernando.(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

 COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants) COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants) OTHER (cite statute, if known)**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: Joseph Edward Gunn

B. List all aliases: SAVON Bell

C. Prisoner identification number: K-57163

D. Place of present confinement: X-house A-25 cell
DIXON C.C.

E. Address: P.O. Box 1200 DIXON, IL 61021-7200

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Dr Michael Fernando.
Title: DR.
Place of Employment: DIXON Correctional Center.

B. Defendant: Dr. matt Finn.
Title: DR
Place of Employment: DIXON Correctional Center.

C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES NO If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES NO

C. If your answer is YES:

1. What steps did you take?

*Filing & grievance
Went Through The proper channels
still waiting for response of
grievance takes up
to six months*

2. What was the result?

Still Pending

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

D. If your answer is NO, explain why not:

E. Is the grievance procedure now completed? YES () NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO ()

G. If your answer is YES:

1. What steps did you take?

2. What was the result?

H. If your answer is NO, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

A. Name of case and docket number: _____

B. Approximate date of filing lawsuit: _____

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

D. List all defendants: _____

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____

F. Name of judge to whom case was assigned: _____

G. Basic claim made: _____

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

To Whom IT may Concern I am
Filing this law SUIT IN Terms
OF my Inforsed medications, haldol
has Caused me very serious physical
disfiguration to my Chest. The Side
Effects have cause me to have
Pain AND Suffering, Breast Inlargment,
and Back pains. I need Surgery
ON my Chest, haldol has cause me
Pain and Suffering, and has weaken
my Bones Serious health problem's
I've been on Inforsed medication for
over 26 years now.

I would like to have Surgery ON
my Chest please I am in pain.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

To Have me Taken off
INforced medications
And to authorize me to Have
Surgery on my chest; Because
I have Breast now, Compensation
for pain and suffering, and punitive
damages.

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this
Complaint are true to the best of my knowledge, information and
belief. I understand that if this certification is not correct, I may be
subject to sanctions by the Court.

Signed this 12 day of 7, 2007

Joseph Dixon K-57163

(Signature of plaintiff or plaintiffs)

Joseph Dixon
(Print name)

K-57163
(I.D. Number)

Dixon C. C.
P.O. Box 1700

DIXON, IL 61021-7200
(Address)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>12-5-07</u>	Offender: (Please Print) <u>Joseph Givin</u>	ID#: <u>K-57163</u>
Present Facility: <u>Dixon C.C.</u>	Facility where grievance issue occurred: <u>DIXON C.C.</u>	

NATURE OF GRIEVANCE:

Personal Property Mail Handling Restoration of Good Time Disability
 Staff Conduct Dietary Medical Treatment HIPAA
 Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (specify): _____
 Disciplinary Report: 12-05-07 Date of Report: 12-05-07 Facility where issued: DIXON C.C.

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary
administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief
Administrative Officer.

Brief Summary of Grievance: To whom it may concern I am

filng this grievance in termis of my
in forced medications, Haldol has caused
very sericus physical disfiguration to
my chest. The side effects have cause me
to have pain, and suffering, breast
In largement and back pains. I need surgery
on my chest, haldol has cause me pain and
suffering, Serious health problem's. I've been
on in forced medications for 2 1/2 years now

Relief Requested: I would like to have surgery on chest
Please I am in pain.

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Joseph Givin
Offender's Signature

K-57163 12-05-07
ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: <u>1 / 1</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____ _____ _____		
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW

Date Received: <u>1 / 1</u>	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature		<u>1 / 1</u> Date